Acute Kidney Injury in critically ill patients

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- Structured protocols are necessary to provide reproducible answers on research questions in critically ill patients. (This thesis)

- The diagnostic accuracy of renal ultrasound measurements was low, these results warrant external validation but raise the question whether evaluation of renal perfusion parameters by renal ultrasound will become a valuable tool for the diagnosis of AKI in the critically ill. (This thesis)

- There is no gold standard for assessing the concept of venous congestion and all surrogate measures have inherent limitations. (This thesis)

- A new variable AKI burden, accounting for both severity and duration of AKI, more accurately predicts mortality in two independent cohorts of critically ill patients. (This thesis)

- Investigating subphenotypes of clinical syndromes may unravel heterogeneity in research cohorts and could stimulate personalised care for the critically ill patient. (This thesis)

- The observational nature of the data presented in this thesis provides hypotheses on venous congestion, but randomised trials need to provide causal evidence for guidelines for use of fluid therapy, or alternatively fluid removal, in clinical practice. (This thesis)

- It is of utmost importance that research methods, their application, used criteria and specified outcomes are clearly defined and described in order to increase comparability and reproducibility of research in intensive care units. (This thesis)

- “Evidence based medicine” leaves the impression that it is all about proof and certainty. Rather, it is fundamentally acknowledging uncertainty and the limits of knowledge. (Lars Mølgaard Saxhaug)

- Het komt echt wel goed, we weten alleen nog niet hoe (Eline Cox)
- "I wish I could, but I don't want to." —Phoebe Buffay
- "No one can whistle a symphony. It takes a whole orchestra to play it." – H.E. Luccock